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T-311 P.001/001

## PART B - FEE(S) TRANSMITTAL

PAREMAN ST			or <u>Fax</u> (571)-273-2885	for Patents rginia 22313-1450		
INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected maintenance fee notification	orm should be used for transcription of the below or directed otherwisens.	Smitting the ISSUE FEE a Patent, advance orders and in Block I, by (a) specifyi	nd PUBLICATION FEE (if re notification of maintenance feet ing a new correspondence addre	quired), Blocks 1 through 5 a will be mailed to the curren sss; and/or (b) indicating a sep	should be completed where it correspondence address as parate "FEE ADDRESS" for	
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Rochester, NY 146			Debosa Debosah 3-21-20	Kadlufau Kadlufau	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAI	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/694,494 TITLE OF INVENTION: M	10/27/2003 IETHOD OF SELECTIVE E	\	ert P. Losc ENDERING FOR THE SUPPRE	D/98542D1 ESSION OF HALO	4258	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NQ	\$1400	\$300	\$1700	06/15/2006	
EXAMINER		ART UNIT CLASS-SUBCLASS		]		
BRINICH, S	TEPHEN M	2624	358-001900		<u> </u>	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) anached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
	RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee data will a	appear on the patent. If an assig	gnee is identified below, the d	locument has been filed for .	
(A) NAME OF ASSIGN	EE	(B) RESI	DENCE: (CITY and STATE OR	63/374500e HDENESSS 0	0000069 240025 10694	
Please check the appropriate	XEROX CORF STAMFOF assignce caregory or categor		e patent) : 🔲 Individual 🖼		.00 DA .00 DA pur cutiry Cl Government	
4a. The following fee(s) are	enclosed:	4b. Payment  A che		enclosed. 38 is attached.		
	(from status indicated above)		olicant is no longer claiming SMA			

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